

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/814,223		Filing Date 01 April, 2004		<input type="checkbox"/> To be Mailed					
				Applicant(s) IM, HEUNG-JAE						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend		24					Total Depend						
Total Claims		28					Total Claims						

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